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work hours, the difference of pressure was even greater, for the city supply was shut off by means of the valve at the meter, and leaky fixtures permitted the pressure to drop to zero.

Following the outbreak, the connection between the two systems was at once suspected of having caused the trouble. The connection was, therefore, broken and the valve upon examination was found to be leaking badly. There is no question as to what caused the outbreak or where the infection entered, and now Bloomington, like many other cities, has learned a simple A. B. C. lesson but at frightful cost.

How long will it be until all communities as well as all industrial managements will realize the danger involved in permitting connections between safe and unsafe supplies of water? How long will it be until they realize that mechanical devices and the human element involved wherever a connection exists, can not be depended upon to properly safeguard the lives of those drinking the water? Let every waterworks official make it his business to see that his city removes at once any connection existing between the public supply and any other supply less pure! Do not wait until the horse is stolen before locking the stable door!

PAUL HANSEN.

RURAL WATER SUPPLIES

The serious effect of bad water supplies on the farms and in small villages upon the health of our cities has long been recognized, but only when a milk epidemic calls loudly to the public for more strict supervision of rural sanitation is any real action taken. We are too busy with our own affairs to think of farm wells. When some acquaintance dies from typhoid contracted during a vacation in the country, we usually decide to protest against the crimes committed against sanitation in the rural districts, and then we forget all about it. But there is one organization which has been steadily working for many years to make rural living conditions more hygienic. This is the United States Public Health Service, which is endeavoring, by cooperation with state and local authorities, to establish really efficient county health bureaus.

The work is done under one of those fifty-fifty systems of sharing expense which are now so often adopted by Congress in its state-aid legislation. In 1918 and again in 1919 Congress appropriated \$150,000 for this work. In the latter year the Public Health Service asked for \$500,000 for the work in 1920, but Congress reduced this

to \$50,000. A similar request for \$500,000 has been made for 1921. The nature of the work to be done is outlined by Dr. Lumsden elsewhere in this number of the JOURNAL. The work is not an experiment, but a demonstrated success, urgently requested by local associations ready to raise their share of the cooperative funds as soon as Congress makes it possible for the Public Health Service to act. If any member of our association thinks there is no need for such county health work and inclines to a belief that any danger of typhoid from rural districts is very remote, he should study the statistics in Bulletin 94 of the Public Health Service.

It has been said that this cooperative work is no untried experiment, but a demonstrated success. It is so much desired that the local authorities raise more than their share of the necessary funds. In the present fiscal year they have contributed more than five times as much to the cooperative funds as has Congress. They are not asking Congress to look after their health, but merely for expert assistance in getting efficient rural health service firmly established. Starting such work is far more difficult than carrying it on when well started, and it is for this special work that Congress is asked to furnish to Dr. Lumsden and his associates the funds necessary for extending these cooperative undertakings. It was the writer's privilege to become personally acquainted during the war period with some of the interesting and gratifying results of Dr. Lumsden's enthusiasm and ability, and on account of this personal knowledge he desires to call the attention of the Association to the desirability of larger federal appropriations for such work.

JOHN M. GOODELL.

SUPERVISION OF WATER PURIFICATION PLANTS IN TEXAS

One of the various duties of the State Board of Health of Texas is the supervision of the public or municipal water supplies of the state, especially those located in the smaller cities and towns. This particular obligation of the board is performed by the Bureau of Sanitary Engineering, a department of the Board of Health. The supervision consists in making sanitary surveys of the watersheds, looking after reservoir and well protection, locating foci of water-borne diseases and giving advice as to the proper operation of water purification and sterilization plants.

In conducting the work of the Bureau of Sanitary Engineering it was found that only a small percentage of the water works super-